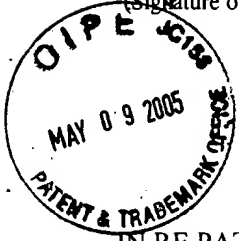


202 2143

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on May 5, 2005
Jeannie Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

Jeannie Camara
(Signature of Person Mailing Paper or Fee)



PATENT APPLICATION
Attorney Docket No. SUN-P4324-RSH

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)

Stephen R. Hanna)

Serial No. 09/539,269)

Filing Date: March 30, 2000)

For: REPLACING AN EMAIL ATTACHMENT WITH)
AN ADDRESS SPECIFYING WHERE THE)
ATTACHMENT IS STORED)

Examiner: England, David E.

Group Art Unit: 2143

AMENDMENT TRANSMITTAL LETTER

M/S: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed **March 28, 2005.**
- ☐ A petition for extension of time is also enclosed with a fee of \$00.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☒ 1 new sheet of formal drawing FIG. 2A.
- ☒ No additional claims fees are required.


[] An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADD'TL FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$84 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- [] A check in the amount of \$___ is enclosed.
[] Charge \$___ to Deposit Account No. ___ (Docket No. ___).
[x] Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P4324)

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Respectfully submitted,

By 
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Registration No. 47,615

Date: May 5, 2005